



CITY OF LAS VEGAS
DEPARTMENT OF BUILDING & SAFETY
PERMIT APPLICATION

BAR CODE HERE

TYPE OR PRINT (BLACK INK ONLY)
Project # 168995 Parent Project # 119565

FOR: Commercial & Public Structures Single Family Residence

WORK DESCRIPTION: Revised Curves

PERMITS REQUESTED: Building Mechanical Val _____
 Plumbing Val _____ Electrical Val _____

TOTAL VALUATION: \$ _____

ADDRESS: 300 Stewart Ave ZIP _____

OWNER/BUILDER NAME: CITY OF LAS VEGAS

CONTRACTOR: _____

PROJECT/BUSINESS NAME: Mob Museum

CONTACT PHONE NO.: 204-8689 CONTACT FAX NO.: 375-3128

STATE CONTRACTOR LICENSE NO.: _____ CITY BUSINESS LICENSE NO.: _____

PARCEL NO.: 139-34-501-007 ZONE: C-V

LOT(s): _____ BLOCK: _____ SUBDIVISION: _____

OCCUPANCY GROUP: _____ USE: _____ CONST. TYPE: _____

SQUARE FT OF FLOOR AREAS: 1st _____ 2nd _____ 3rd _____ Garage _____

Patio _____ Balcony _____ Total _____ No. of Units _____ No. of Stories _____

SPECIAL CONDITIONS: _____

Hanson 26498

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this permit.

D. H. H. C. Contractor or Agent / Owner

8/2/2010 Date

Land Development/Flood Control Engr. Date

8-3-10

Planning Department

Date

Building Department Date

Fire Department

Date

TOTAL PERMIT FEE: \$

125

PRE-PAID: Plan Review \$ _____

PRE-PAID: Zoning \$ _____

TOTAL \$ _____

**Permit Expires 180 Days After
Abandonment of Work**

Permits expire when no inspection has been requested for any 180-day period after the permit has been issued.



CONTACT SHEET

All plan submittals shall include this form.

Call DAVID Bruckner at () 204-8689 when plans are ready.

Application # 168995 PC # 119565

OWNER / DEVELOPER <i>CITY OF LAS VEGAS</i>	PHONE <i>229-2201</i>
ADDRESS <i>400 Stewart Rd</i>	E-MAIL
ZIP	FAX <i>395-3128</i>
ARCHITECT	PHONE
ADDRESS	E-MAIL
ZIP	FAX
STRUCTURAL ENGINEER	PHONE
ADDRESS	E-MAIL
ZIP	FAX
CIVIL ENGINEER <i>WRGAT Engineworks</i>	PHONE <i>933-7000</i>
ADDRESS <i>7425 Park Drw</i>	E-MAIL
NV <i>89128</i>	FAX
CONTRACTOR	PHONE
LICENSE #	E-MAIL
ADDRESS	FAX
ELECTRICAL ENGINEER / CONTRACTOR	PHONE
LICENSE #	E-MAIL
ADDRESS	FAX
MECHANICAL ENGINEER / CONTRACTOR	PHONE
LICENSE #	E-MAIL
ADDRESS	FAX
PLUMBING ENGINEERING / CONTRACTOR	PHONE
LICENSE #	E-MAIL
ADDRESS	FAX



BUILDING & SAFETY TRANSFER MEMORANDUM

PAID

AUG 09 2010

Development Services Center

150369
jpa

DATE: July 14, 2010

168995

TO: **Jessica Laramandy**, Department of Building and Safety

FROM: **Samuel Tolman**

CC: Rod Clark, Billie Jo Berlin, File, Pat Dues, Patty Braganza, Erik Singman, David Bratcher, Carson West, Chas Reinhold, David Bratcher, Dena Williams, Brian Benson

RE: LV Museum Rehabilitation

Project Name: LV Museum Rehabilitation

Project Name from the Project Initiator Box #1.

Project Address: 300 Stewart Ave

Project address from the Building and Safety permit status screen.

Plan Check Number: Revision to Permit AP #168995 Civil Revision

Parent 28930-C-08 Original permit

Building and Safety plan check number.

Servicer Org Number: 40511

SERVICER ORG. from the upper portion of Box #10 on the Project Initiator.

This is the org number of your project's funding source, for example, 40521 is the Park S fund org number. Do not use our section's org number 15341, nor your client such as Neighborhood Services' org number, nor the Requestor org number from the P.I., nor the Servicer org number from the lower half of Box #10. (If Finance leaves the upper portion of Box #10 empty and provides the only Servicer Org of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.) Do not use a number that ends in 0.

Account Number: 810705 Building Remodel/Addition

From the City's chart of accounts: 810205 for new or rehab Parks, 810605 for new Building construction, 810705 for Building remodels or additions.

Work Authorization Number: WU7608

The W/A NO. from the upper portion of Box #10 on the Project Initiator. (If Finance leaves the upper portion of Box #10 empty and provides the only W/A NO. of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.)

Revision to Building Permit: \$125.00

From the Building and Safety permit status screen, or as provided by B&S by email or phone when the permit is ready.

Authorizing Individual: Samuel Tolman

OAS Project Manager's name.

Funding Department: Leisure Services

Public Works, Neighborhood Services, Detention & Enforcement, Fire, etc. If multiple departments, list the department that controls the fund this transfer is drawn from.

Occupying/Programming/Operating Department: Leisure Services

Leisure Services, Detention & Enforcement, Fire, etc. If multiple departments, list primary only.

This memo shall serve as the required request from the responsible Department to issue the building permit for City property.

Thank you.

DEPARTMENT OF
PUBLIC WORKS

OAS

OFFICE OF
ARCHITECTURAL
SERVICES

400 STEWART AVENUE
LAS VEGAS, NEVADA 89101

TELEPHONE: (702) 229-6535
FAX: (702) 382-3232
TDD: (702) 386-9108

www.lasvegasnevada.gov

168995

** Duplicate Receipt **

City of Las Vegas
Development Services Center
731 South Fourth Street
Las Vegas, NV 89101

08/03/2010 14:22 Trn 150269
Cashier 890381

BLDG Permit #	168995	\$125.00
Subtotal		\$125.00
Tax		\$0.00
Total		\$125.00

Received MISC	\$125.00
CITY W40511810785	
Change	\$0.00

For questions related to this receipt call
702-229-6251